

**HOMELESSNESS
IN THE
CITY OF BOSTON
WINTER 2004-2005**

**ANNUAL CENSUS REPORT
DECEMBER 13, 2004**

MAYOR THOMAS M. MENINO



**Emergency Shelter Commission
Jim Greene, Acting Director**

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Executive Summary

On the night of the homeless census there were **5,819** homeless men, women and children counted in Boston compared to **6,241** last year. This is a decrease of **7%** from last year.

SHELTERS FULL, NUMBER OF CHRONIC HOMELESS ON STREET SOARS

On the night of the census, there were **299** individuals on the streets compared to **230** last year – a large increase of **30%**. The number of men on the street rose from **199** to **242**, an increase of **22%**. The number of women on the street rose dramatically from **31** to **57**, an **84% increase**. While it would be tempting to attribute this increase to relatively mild weather conditions on the night of the street count; however, there was no corresponding decrease in the number of individuals in emergency shelter.

SUB-POPULATIONS ON THE STREET

For the first time this year, census volunteers were asked to estimate the number of **elderly persons aged 55 and over** that they encountered on the street. In order to get a sample of the number of **unsheltered veterans**, when possible census takers also asked about military status.

- There were **77 homeless elders on the street** the night of the census, based on census taker observations - **26%** of the total street count.
- **25 persons self-reported veteran's status**. This limited subset of the total street number should be considered a random sample, rather than a conclusive number.

INDIVIDUALS

The total number of homeless men and women on the streets and in all residential facilities was **3,944** compared to **3,875** last year - an increase of **2%**

ADULTS IN SHELTER

The number of adults in shelter was virtually unchanged – **1913, down from 1914 last year**. The Massachusetts Housing and Shelter Alliance reports that shelters statewide overflowed for **74** consecutive months—more than 6 years. Without available low-income housing subsidies, this system appears to be backing up into the streets rather than resulting in increased housing opportunity.

SUBSTANCE ABUSE TREATMENT SYSTEM SLOWLY RECOVERING

The number of homeless individuals in detox increased from **176** last year to **225** this year—an increase of **28%**. While this system has regained some capacity after steep state budget cuts over the previous two years, this figure is still well below the **292** beds in the system two years ago. The number of homeless persons in longer-term residential treatment/recovery homes dropped from **260** last year to **134** this year—a decrease of **48%**.

FAMILIES

The total number of homeless families in congregate and scattered site shelter is **1,412** this year compared to **1,639** last year - a decrease of **14%**.

SHUT OUT OF THE SYSTEM

Recent data from the Department of Transitional Assistance reports that **54%** of families that applied for shelter were denied. Using this analysis brings the estimated total of families in need of shelter to **3,069** of which **only 1,412** are in shelter. At an average household size of three, this suggests that **552 families are currently shut out of the system.**

DOUBLED-UP FAMILIES

Where do families shut out of the emergency shelter system go? Families denied shelter or exiting shelter without obtaining housing are not tracked by DTA, making it difficult to estimate the number of doubled up families. Such families also suffer a great deal of disruption and dislocation in their access to employment, education and medical care.

The following are some examples of where these families seek services:

- In the past year **216 families unable to access DTA funded shelter, including 406 children**, were referred by the Mayor's 24-hour Help line to the Family Emergency Shelter program of Traveler's Aid Family Services of Boston.
- Of **1010 homeless children** served by the Boston Public School's Homeless Student Initiative last year, **27% were living in doubled up situations.**
- The First Stop Health Center Collaborative, a Homeless Prevention pilot project of the Massachusetts Coalition for the Homeless at the Codman Square Community Health Center reports **34% of households living "doubled-up."**
- The Boston Medical Center Pediatric Emergency Department Children's Sentinel Nutrition Assessment Program reports **"25% of homeless families** had been cut off welfare benefits within the past year (compared to 11% of non-homeless families) due to failure to comply with behavioral or procedural requirements, such as not being able to provide a mailing address to the welfare office."

HOMELESS IN HOSPITALS STILL HIGH

This year there were **288 homeless men, women and children in hospitals and hospital-based long-term care**, compared to **291** last year. This represents a statistically insignificant decrease. However, the number of homeless persons in medical care facilities still represents a **56.5% increase** above the 184 people counted in 2002.

COMPARISON: 2004/1994

The number of Boston's homeless has increased by **10%** in the past decade. There are **5,819** homeless people in the City of Boston in **2004** compared to **5,299** in **1994**. There are **1,157** homeless children in Boston compared to **1,274** in **1994**; this **9** percent decrease fails to reflect significant numbers of children in doubled up households or sent to live with relatives by parents unable to access housing or shelter. A ten-year comparison shows a troubling **91.7%** spike in the number of homeless families from eleven years ago (1992-1993).

There are **1,341** homeless women in **2004** compared to **1,274** in **1994**, an increase of **5%**. There are **3,321** homeless men in **2004** compared to **2,613** in **2004**, an increase of **27%**. Homeless men continue to make up the largest percentage of the population, **57%**. Significant numbers of homeless men and women continue to suffer from chronic disabling conditions such as mental illness and/or substance addiction.

Census Methodology

HOMELESS PEOPLE LIVING IN SHELTER

Approximately one month prior to the census, Boston's Emergency Shelter Commission mails an advisory to all of the city's shelter providers and transitional programs to prepare them for the upcoming census. Shelter personnel are informed of the date of the census and how the survey will be conducted. The City's Emergency Shelter Commission then contacts each shelter December 14th to obtain the total number of people staying in that program the previous night.

This year the City of Boston conducted a supplementary census count to provide a measure with which to compare local and national statistics. As part of the effort to end homelessness the federal government, through the Department of Housing and Urban Development (HUD), asked all cities to conduct their counts during the last week of January 2005.

HOMELESS PEOPLE LIVING ON THE STREET

The process for counting the number of homeless persons has evolved over time, as Boston's Continuum of Care has become more networked. For example, this year, the City of Boston's Emergency Shelter Commission provided volunteers with a list of places where homeless outreach workers from local organizations commonly go to offer services and to engage persons unwilling or unable to stay in emergency shelter on a consistent basis. This list was developed collaboratively with organizations and agencies serving the street homeless including – shelters, hospitals, and providers of mental health and specialized outreach services.

The City is divided into thirty-two separate geographic areas for the purpose of the census. Teams of 5-10 volunteers are assigned to neighborhoods, given detailed maps and lists of possible locations to check for homeless persons. Downtown areas that can be thoroughly covered by volunteers on foot are joined by mobile outreach vans that cover additional areas during the hours of the census to offer food, blankets or transportation to those encountered during the night. In outlying neighborhoods, volunteers are expected to leave their vehicles to conduct the census by foot to ensure a higher likelihood of finding homeless individuals.

All teams utilize radios and cell phones to facilitate communication during the census, to guarantee the volunteers' safety, and to call for emergency medical assistance if needed. Volunteers also use vans to transport individuals who request assistance in getting to a shelter.

DEMOGRAPHIC INFORMATION ON HOMELESS PEOPLE

The Center for Social Policy at the McCormack Institute at the University of Massachusetts Boston oversees the Connection, Service, and Partnership through Technology (CSPTech) project, Boston's Homeless Management Information System (HMIS). Data from 123 homeless programs is collected for Boston's HMIS. While maintaining the confidentiality of the clients, this system collected information on more than 18,708 residents that come into contact with the emergency shelter system. The records, which contain details regarding socio-economic status, are available to the public at <http://www.mccormack.umb.edu/csp/index.jsp>.

THE VOLUNTEERS

The Emergency Shelter Commission recruited volunteers who are neighborhood residents, City employees, City Year volunteers, and staff at the various programs that serve homeless people. Volunteer selection is important, since those who work with this population can assist other volunteers in avoiding stereotypes often associated with homelessness. The count started at 9:45 p.m. This late hour also ensures that most businesses or other places of temporary refuge are closed. In addition, the study was scheduled for a Monday night/Tuesday morning, when there is less general pedestrian traffic than at other times during the week.

This census count has been conducted annually on the second Monday of December. At the time of this street census, the temperature was a mild night in a week of colder air – a high of 47 degrees and low of 37. Last year's street census was conducted in 32 degree weather.

Volunteers were asked to respond to several factors with each individual they encountered: homelessness, medical needs, and need for transportation to shelter. For the first time, census takers were also asked to assess, or when appropriate ask, about homeless individual's age and veteran's status.

1. Was the individual definitely or possibly homeless?
If it was unclear in specific situations, volunteers were asked to record these individuals as "possible." The city included people listed as "possible" in the count presented in this document.
2. Was the individual in need of medical attention?
The census volunteers included many medical professionals from Boston's Health Care for the Homeless Program.
3. Did the individual need transportation to shelter?
While Pine Street Inn operates two nighttime outreach vans, some individuals encountered on the night of the Census may be unaware of these services. For such persons, or for any homeless person having difficulty accessing shelter, the Census used three vans provided by Long Island Shelter as well as the Pine Street's outreach vans to transport people to various programs throughout the city.
4. Was the individual over the age of 55?
Programs that serve the homeless elderly often accept individuals of 55 years or older. This was both a visual estimate and a question that was asked when appropriate.
5. Was the Individual a Veteran?
To estimate the number of veterans on the street census takers asked people on the street if they had "ever served in the Military?"

With a number of outreach programs serving the unsheltered homeless population, our purpose is to quantify the homeless population in Boston and not duplicate outreach work.

HISTORY

Boston conducted its first enumeration of homeless persons in the winter of 1979-1980, making this year's count the 25th annual City of Boston Homeless Census. While cities across the nation are conducting street counts this winter, the City of Boston, is proud to have been one of the first cities in the country to undertake this critical work in an effort to raise collective awareness about the scope and nature of the homeless problem. In 1983 the creation of the City's Emergency Shelter Commission initiated a more comprehensive census and, later, a street count. That 1983 study, conducted by six volunteers working over a period of two weeks, was the City's coordinated attempt to identify the size of the street population associated with homelessness. This early work on counting the homeless has inspired projects that have provided a clearer picture of the scope of the homeless population in the City of Boston. The study has grown to include dozens of non-profit service organizations, over 250 volunteers, and appropriate City agencies as directed by Mayor Menino. The Emergency Shelter Commission conducts the census of Boston's homeless population annually and this year conducted a supplemental count of the chronic homeless in January 2005.

PURPOSE AND LIMITATIONS

The annual homeless census informs the Mayor about the number of homeless people in our City and what resources the City will need in order to meet our commitment. Under the leadership of Mayor Menino, the City of Boston continues its commitment that no individual will go without a bed, without a meal, without medical care, without opportunity and hope simply because they are homeless.

Until the scope and nature of the problem could be defined, government agencies were not adequately prepared to address important service delivery issues. Prior to conducting the first census count of the homeless in 1983, some estimates of the number of homeless in Boston varied by as much as ten thousand people. Many major cities in the U.S. still do not undertake an actual physical count. With more accurate numbers, the City of Boston and providers are able to take a comprehensive approach to ending homelessness. Better coordination of services, including street outreach, emergency shelter, food, clothing, healthcare, employment training, substance abuse treatment, and mental health treatment not only enables homeless people to survive but also helps them move beyond shelter to more independent and productive lives. Housing remains the ultimate goal of citywide homeless services.

While the census provides useful data for understanding homelessness, it should be noted that this year's count is a 'point in time' study of the night of December 13th. The census does not track how people move in and out of homelessness nor does it count how many people are homeless in a given year in Boston. The CSPTech Management Information System now being implemented statewide will provide more useful aggregate information on the needs of homeless people and the resources that can help them move towards self-sufficiency and housing.

The Population on the Street

Winter 2003-2004 Winter 2002-2003

	Male	Female	Children	Male	Female	Children
Street Count	242	57	0	199	31	0
TOTALS		299			230	

On the night of the census, there were 299 individuals on the streets compared to 230 last year – a large increase of 30%. The number of men on the street rose from 199 to 242, an increase of 22%. The number of women on the street rose dramatically from 31 to 57, an 84% increase. It would be tempting to attribute this increase to relatively mild weather conditions on the night of the street count; however, there was no corresponding decrease in the number of individuals in emergency shelter.

As concerning as the increase in women was the number of elderly persons, 55 years and older, staying on the street. There were 77 homeless elders on the street the night of the census, based on census taker observations – a full 26% of the total street count. Outreach workers from the city's shelters, hospitals, and mental health providers confirm that they are witnessing increasing numbers of elderly people, and in particular elderly women, and persons suffering from severe mental illness who are living outside and who are at risk of health problems and victimization. This population can be isolated, fragile, and especially difficult to connect to mainstream services without targeted programs.

Twenty-five persons self-reported veteran status. This limited subset of the total street number should be considered an estimate of the population of city wide homeless veterans on the street, rather than a conclusive number. According to the city's homeless management information systems, **veterans make up 17 percent of the total homeless population.**

This year, city neighborhoods where fewer homeless people have been identified in the past saw an increase in street homelessness. Because it is a city surrounded by affluent communities that neither provide shelter nor build or maintain affordable housing, Boston's shelter system is over burdened. Increased numbers of persons struggle to find housing that is affordable. With shelters over capacity, some individuals are spilling out into the streets. Cuts in funding for seasonal overflow beds cut over the past three years have exacerbated overcrowded conditions, particularly in inclement weather when outreach teams work overtime to try and bring people in from the cold. Despite relatively mild weather on the night of the street census, shelters were still operating over capacity. One month later, January 13th 2005, after Boston had received the heaviest snowfall in 110 years, and with record cold temperatures continuing for several weeks, all shelters reported full lobbies with hundreds of additional individuals.

Profile of Chronic Homeless

Many homeless people staying on the street are dually diagnosed with a history of mental illness and substance abuse. A subset of this population, the *chronic homeless* have received

increased attention in the last several years.¹ At least 50 percent of those who used shelter in 2003 had been in shelter for at least one night in previous years.² Thirty-six percent of those who stayed in shelter in 2003 were also in shelter during 2001 or 2002. Combining this information with data from CSPTech, it has been determined that approximately 40 percent of the homeless individuals in emergency shelters at any one point-in-time meet HUD's definition of chronically homeless.

Some individuals who are chronically homeless have been part of institutions for many years, suffer from mental or physical disabilities and need extensive supports to live independently. Some have lived in emergency shelter or live on the streets for multiple episodes that lead to years. The City's Emergency Shelter Commission (ESC) and Boston Police District A-1 have convened the District A-1 Task Force on Homelessness since 1994.³ This community coalition brings together a diverse body to problem solve and implement a broad-based response to street homelessness in the City Center. Last year a subcommittee of the A-1 Task Force focused on the chronic street population, compiling a master list of chronically homeless individuals with a disability, and assessing their needs for supportive housing, long-term services, and healthcare.⁴

This year, the City requested that each homeless provider report on the number of chronically homeless served. As indicated in the chart below, the number of chronically homeless individuals in Boston decreased 5% between 2004 and 2005, mostly due to a 34% reduction in the number of unsheltered chronically homeless people living on the streets year-round. This includes a 19% decrease in the number of people on the "master list" of 243 street homeless that was established last year and a 3% shift of unsheltered persons into shelter, perhaps reflecting the fact that the January chronic count was undertaken in the aftermath of a blizzard.

CENSUS OF CHRONIC HOMELESS 2005	2004	2005	% CHANGE
Chronically Homeless (total)	996	945	-0.5%
• Sheltered	766	792	3%
• Unsheltered	230	153	-34%

¹ A chronic homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the last three years. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter (Federal Register, Vol. 70, No. 53/Monday, March 21, 2005/ Notices)

² Meschede, T., Raymond, J. & Sokol, B. (2004) Hard Numbers, Hard Times in the Hub; Five Years of Data from Massachusetts' Homeless Management Information System Boston Edition. Boston, MA: McCormack Graduate School, University of Massachusetts Boston.

³ The City of Boston's comprehensive approach to the chronically homeless street population has been named a Best Practice by the United States Department of Housing and Urban Development (HUD), one of a select group of seven cities so honored.

⁴ The National Survey of Homeless Assistance Providers and Clients (NSHAPC) found that 46% of homeless people reported chronic physical conditions. Homeless people with co-occurring disorders are a vulnerable subpopulation with multiple service needs (Drake, Osher & Wallach, 1999).

Coordination and Case Management

In specialized case management and outreach services the City continues to emphasize collaboration among the providers who come into contact with people who live on the street in order to take every opportunity for engagement. These providers include the daytime outreach programs staffed by Friends of the Shattuck Shelter; the Pine Street Inn and Tri-City Mental Health; the Boston Health Care for the Homeless street team, which provides medical assessment, referrals and follow-up for the street population; and the overnight van. In addition, clinicians from the State's Department of Mental Health Homeless Outreach Teams also participate in the collaborative effort. Additional mobile outreach is provided twice weekly by Starlight Ministries, a program of the Emmanuel Gospel Center in Boston's South End. Bridge Over Troubled Waters operates an outreach van targeting youth and adolescents.

The City is working on the development of a comprehensive street homeless client assessment tool and designed the CHARTS Project (Chronic Homeless Assessment & Referral Teams) to provide intensive case management for housing applications and placement resources for the longest-term chronic street homeless clients. Recognizing the extensive needs and individual challenges represented by this population, the city has also expanded the stakeholder base through monthly meetings of the chronic homeless subcommittee of the Area A1 task force. Providers include housing search, medical respite, mental health, and substance abuse treatment providers. Broad service participation and collaboration in the work with chronic homeless living on the street has increased knowledge about the population's service needs. Boston Healthcare for the Homeless reports that 69% of homeless adults have three or more co-occurring medical problems requiring attention, and that 27% of this population visited an emergency room in a 12-month period.⁵

Housing the Chronically Homeless

In the last two years a collaborative effort to assist Boston's chronic homeless population has helped more than half of the targeted individuals find supportive housing and intermediate care. Developed through monthly case management meetings among providers of homeless services and the State Department of Mental Health, the *Difficult to Serve/Pine Street 25* project worked to engage homeless persons with severe mental illness and often, substance abuse problems, in order to find appropriate interventions including hospitalization, safe haven, and supportive DMH housing. With resources and support from administrators in the local and state hospital system, case managers and street outreach workers have been able to bring their knowledge of and relationships to homeless individuals in the city to bear on the problem of chronic homelessness. After a year, all of those who engaged in the process and made the transition to housing (approximately 50%) remain housed and in treatment.

The City recognizes that in order to address chronic homelessness we must not just count the numbers on the streets, but must increase attention and direct resources towards affordable, supportive housing options that include extensive case management. In 2004 Boston received a grant of \$1.5 million from the Department of Housing and Urban Development (HUD) and the

⁵2004 Study of Motel Population; Research on the health status of homeless individuals who died on Boston streets one winter found that all 13 who died had major medical illnesses, 12 exhibited alcohol abuse, and 8 had chronic mental illness. The cohort was chronically homeless men living on the streets and avoiding shelters, making them vulnerable to injury, trauma, and hypothermia (O'Connell, 1999).

Department of Labor for the HomeWorks Program, an innovative collaboration between the City's Department of Neighborhood Development, the Boston Private Industry Council, Community Work Services, a non-profit vocational rehabilitation agency and HomeStart, a housing agency. HomeWorks will provide housing subsidies for 35 homeless individuals, along with housing search and stabilization. Recognizing the barriers to self-sufficiency after long periods of homelessness, this grant will incorporate long-term supportive services such as case management, and facilitate access to mainstream resources such as healthcare, psychiatric care, and substance abuse counseling.

Given the alarming growth of elders living on the street reflected in this year's census, Mayor Menino has asked the Emergency Shelter Commission and the Homelessness Planning Committee to prioritize this population. An effort to bring together housing and support services providers for the elderly, including Elders Living at Home and the Committee to End Elder Homelessness, with street outreach and members of the A-1 Task force on Homelessness is currently in the early stages of planning. Together the City will design a comprehensive plan to prevent homelessness among the elderly and disabled and strategize around ways to transition this vulnerable population from the streets to permanent, supportive housing.

Homeless Adults in Shelter

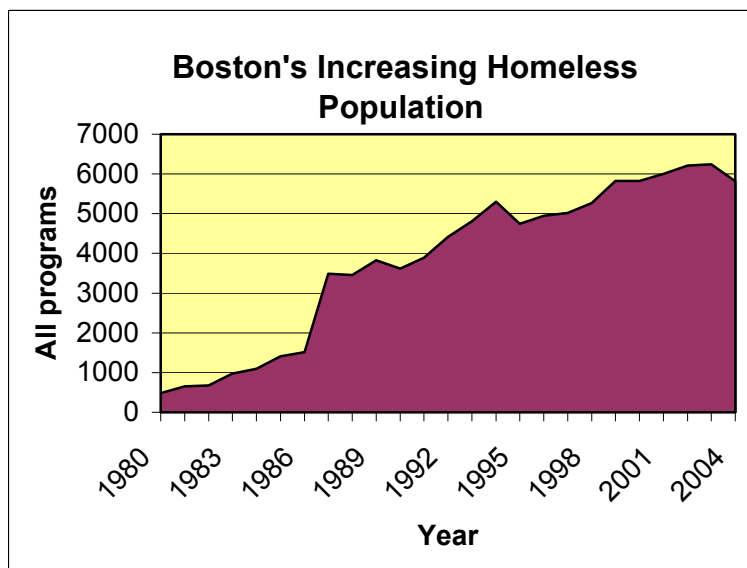
	Winter 2004-2005		Winter 2003-2004	
	Male	Female	Male	Female
Betty's Place	0	15	0	15
Kingston House	119	14	68	15
Long Island Shelter	366	41	341	41
Woods-Mullen	141	63	136	63
New England Vets Shelter	119	5	160	9
Pine Street Inn Men's Inn	380	0	409	0
Anchor Inn	132	0	140	0
Women's Inn	0	108	0	116
Holy Family	64	0	65	0
Boston Night Center	50	17	46	17
Rosie's Place	0	20	0	20
Sancta Maria	0	9	0	9
Shattuck Shelter	104	23	98	24
Tri City Safe Haven	0	7	0	6
United Homes	116	0	116	0
SUB-TOTALS:	1591	322	1579	335
TOTALS	1913		1914	

HOMELESS ADULTS IN SHELTER

There were **1591 men and 322 women in adult shelters** on the night of the census - for **a total of 1913 persons**. This virtually replicates last year's number of 1914 and reflects a shelter system that remains over-capacity. **The total number of adult homeless individuals on the streets and in all residential facilities increased by 2%.** The shelter system continues to be the safety net for the failures of other systems in our state. For every person who has been successfully placed in housing, a newly homeless person has taken his or her place. Shelters report increasing numbers of ex-offenders are entering the shelter system. Gender composition between 2003 and 2004 is unchanged; about two in ten shelter guests are women.

The Massachusetts Housing and Shelter Alliance (MHSA) has reported that shelters statewide overflowed for 74 consecutive months – more than 6 years. The pipeline of affordable housing is frozen by a lack of section 8 funding, and there are long waiting lists for affordable developments. This situation is unlikely to improve or change without an increase in resources. In the meantime, more shelter beds for individuals are clearly needed. Furthermore, without available low-income housing subsidies, this system appears to be backing up into the streets rather than resulting in increased housing opportunity.

Massachusetts State budget cuts three years ago decreased the number of overflow beds from 660 to 330, and reduced the funding for individual adult shelters from \$37 million to \$30 million, including annualized overflow. This year, the state funded 333 overflow beds – 136 in Boston – to keep people from sleeping in the streets. Although this year’s state budget recommendation renews commitments for last year’s programs and adds some funding for special populations such as the chronic homeless, this critical safety net system is still underfunded and overburdened. The chart below illustrates the continuing need for resources.



Profile of the homeless in Emergency Shelter

Every day many homeless people enter the shelter system for the first time. Most often they have been staying with friends or family or are at risk of homelessness due to non-payment of rent, eviction, or an inability to generate enough income to maintain housing stability in Boston’s high cost rental housing market. Sub-populations of people confront different burdens and challenges when facing homelessness. Women, in particular, leave housing because of domestic violence situations at home. Other individuals are disabled or suffer from mental health problems and remain on waiting lists for supportive housing. Some people are unable to secure access to long-term substance abuse treatment. Many are the working poor – approximately 40% of all individuals who stay in shelters are working – always a job away from homelessness and continuously struggling to pay rent.

To move beyond homelessness individuals must confront both institutional and personal challenges including employment and housing barriers, physical and mental disabilities, low-incomes and family stress. According to the National Low Income Housing Coalition, an individual would have to earn \$20 an hour (\$3,200 a month), and work 123 hours weekly to afford rent for a one-bedroom apartment in Boston.⁶ The average age of individuals in adult emergency shelters in Boston is 43 years, and the monthly average income for those who are

⁶ National Low Income Housing Coalition. *Out of Reach 2004*. Washington D.C. <http://www.nlihc.org/oor2004/>

employed is just over \$1,000. For those persons receiving public assistance of any kind, 95% receive less than \$577 month.⁷ Financial problems, low-wages, and unemployment are the most frequently cited problems for those experiencing homelessness.⁸ The high cost of housing makes it difficult to transition out of homelessness, even given many successful job training programs and transitional, supportive housing programs. More than 31% of the homeless population staying in shelter had some college or a college degree. In our slowly improving local economy the percentage of homeless working individuals has also decreased over the last 3 years.

In 2003 approximately 60% of the City's sheltered homeless received some form of mainstream public benefits in comparison to 68% in 1999. This decrease was primarily due to the reduction in the number of people receiving Social Security Income and SSDI. Boston's Continuum of Care has identified 3,412 persons currently in shelter who suffer from disabilities.⁹ The state assessment of public assistance eligibility shows more than 50% of EAEDC recipients and more than 45% of TAFDC recipients were determined disabled on the basis of "mental disorders," including depression, anxiety disorders, and schizophrenia. Supportive services must be coupled with housing stability if this population is going to break the cycle of homelessness, and participate in the workforce.

Homelessness is a temporary phenomenon for most of the people who end up in shelter, reflecting cycles of movement from the streets to housing. In 2003 homeless individuals left shelter for permanent housing (20%), transitional housing (25%) or moved in with family and friends (17%).¹⁰ Homeless people were also referred to institutions such as hospitals, long-term care facilities, alcohol or drug treatment programs and psychiatric hospitals. Approximately 20% will go to another shelter, although this population is harder to track because they often leave without an interview process. Important to note is that a full 80% of the shelter population is not moving to permanent housing because there is a lack of affordable housing throughout the city.

Housing and Shelter

A vital part of the safety net for low-income people in the city is the Section 8 housing program. There are 4,424 units under lease in Boston for rental assistance programs administered through the regional housing non-profit, as well as 600 state subsidized vouchers, 11,000 federally subsidized vouchers, and 14,000 units of public housing owned and operated by the City's Boston Housing Authority (BHA). In Boston people who are homeless receive priority on the waiting list for housing vouchers or units that become available in the public housing stock. The BHA estimates that 65-85% of the people entering housing units qualify for the homeless priority. Unfortunately, funding for the Section 8 Voucher program, funded through the U.S. Department of Housing and Urban Development (HUD), has been frozen since May of 2004.

⁷ Center for Social Policy, MASShelter Data Center, *Individuals Using Massachusetts Emergency Shelters*. Boston, MA: McCormack Graduate School, University of Massachusetts Boston.

⁸ Meschede, T., Raymond, J. & Sokol, B. (2004) *Hard Numbers, Hard Times in the Hub; Five Years of Data from Massachusetts' Homeless Management Information System Boston Edition*. Boston, MA: McCormack Graduate School, University of Massachusetts Boston.

⁹ 2004 HUD McKinney Application prepared by Department of Neighborhood Development and Emergency Shelter Commission.

¹⁰ Meschede, T., Raymond, J. & Sokol, B. (2004) *Hard Numbers, Hard Times in the Hub; Five Years of Data from Massachusetts' Homeless Management Information System Boston Edition*. Boston, MA: McCormack Graduate School, University of Massachusetts Boston.

The Boston Housing Authority (BHA) has recently completed an effort to streamline the application process and reduce waiting times for applicants by moving from a citywide to a site-based waiting list. Despite their efforts to negotiate with HUD and the reduction of the BHA waiting list from 26,000 to 15,000 households – low rate of turnover in these developments means additional resources are necessary for many needy people to access permanent housing in the future. In addition, the current administration in Washington has proposed elimination of the Community Development Block Grant (CDBG) and an overall 40% reduction in community development funds. In FY2005 the City of Boston received \$23 million through the CDBG grant for the development of housing and community services. Hundreds of units of affordable housing will be delayed or foreclosed on without restoration of funding commitments.

Recognizing the growing need to keep people housed Mayor Menino has developed a housing strategy to prevent homelessness which will complement the housing production programs outlined in the city's **Leading the Way II**. The city currently has several programs that impact homeless persons including a ten percent set-aside for new housing developments in the city. To date the Mayor's leadership has created 517 homeless set-aside units funded through financing from Section 8 vouchers, CDBG, and other City, State and Federal programs.

Mayor Menino has committed \$1 Million in city resources for prevention efforts as part of his **Leading the Way II** Housing Strategy. While increasing the production of affordable housing is critical, many people become homeless when they are evicted from their homes, often due to non-payment of rent. The city works with local organizations providing housing stabilization and mediation services and refers people to appropriate service agencies for legal counseling, monetary assistance, and case management. Administered by Bay Cove Human Services, the innovative Tenancy Preservation Project (TPP) targets people in BHA housing units who are at-risk of becoming chronically homeless (i.e., those people who have major barriers to residential stabilization beyond non-payment of rent) and links them to appropriate support services to help them maintain their housing. TPP assisted over 30 people with disabilities last year. The City is currently coordinating with agencies and organizations in Boston that provide homeless prevention help to assess the current gaps in service and to develop a city-wide clearinghouse of prevention resources.

Departments in the city that serve the homeless include the Emergency Shelter Commission, the Rental Housing Resource Center, The Boston Housing Authority, the Department of Public Health, and the Department of Neighborhood Development, which focuses on housing development. The city has many additional community programs that it supports including food banks, family and individual shelters, transitional work programs, and housing programs. The collaborative efforts of the Emergency Shelter Commission, the Department of Neighborhood Development, and the Homeless Planning Committee have secured over \$38 million in new resources for homeless services and housing.¹¹

¹¹ Leading the Way II: A Report on Boston's Housing Strategy 2004-2007. See: http://www.cityofboston.gov/dnd/D_Neighborhood_Housing_Reports.asp

Homeless Families in Shelter

FAMILY SHELTERS

Winter 2004-2005

Winter 2003-2004

	Male	Female	Children	Male	Female	Children
Boston Family	1	9	11	0	7	9
Casa Nueva Vida	0	14	25	0	9	15
Crittenton-Hastings	0	32	32	0	40	49
Crossroads	4	10	24	4	12	23
Mary Eliza Mahoney	4	22	40			
Families-In-Trans.	1	21	31	0	22	32
Family House	1	27	51	2	19	33
Hildebrand	3	7	18	2	17	29
LifeHouse	0	10	11	0	10	11
Margaret's House	0	32	44	0	32	48
Project Hope	0	8	11	0	9	10
Queen of Peace	0	7	3	0	2	3
Salvation Army	0	5	11	0	5	14
Sojourner House	1	9	13	1	8	11
St. Ambrose Inn	0	12	14	0	12	20
St. Mary's Home	0	13	11	0	17	14
Temporary Home	0	16	21	0	17	20
Traveler's Aid	3	19	46	10	34	83
SUB-TOTALS:	18	273	417	19	272	424

OTHER TYPES OF FAMILY SHELTER

Winter 2004-2005

Winter 2003-2004

	Male	Female	Children	Male	Female	Children
Families in Shelter or hotels outside Boston*	2	4	16	21	115	222
Scattered Site Shelter	44	125	513	39	169	358
SUB-TOTALS:	46	129	529	60	284	580

TOTAL HOMELESS FAMILIES IN BOSTON

Winter 2004-2005

Winter 2003-2004

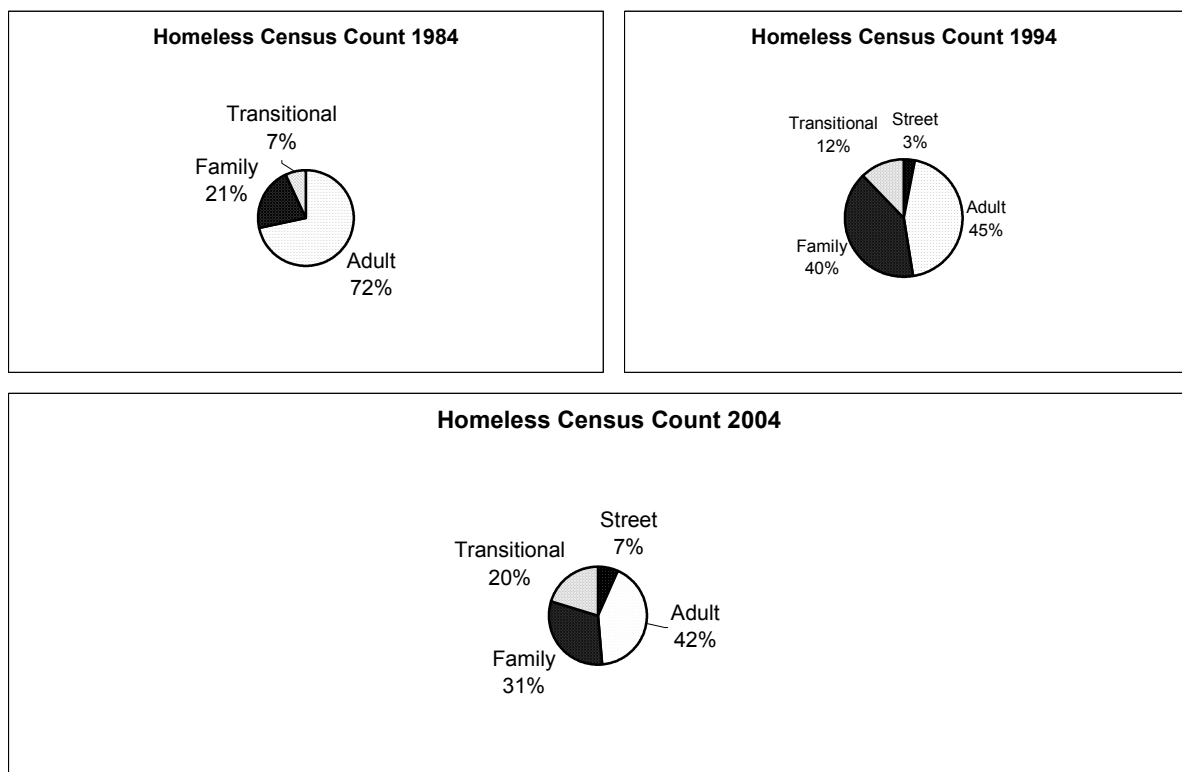
	Male	Female	Children	Male	Female	Children
	64	402	946	79	556	1004
TOTALS		1412			1639	

HOMELESS FAMILIES IN SHELTER

There were **1412 homeless men, women, and children** in shelter on the night of the census. The number of families staying in *emergency* family shelters changed only slightly from the previous year. The main decline in the overall number of families in the shelter system is due to an aggressive campaign by the State's Department of Transitional Assistance (DTA) and the Boston Family Shelter providers to decrease the number of families staying temporarily in hotels and motels. DTA is legally responsible for sheltering families through a referral system that reaches throughout the state. Approximately 73% of the families *found eligible* for shelter in the receive services or are placed in the City of Boston.

In August of 2003 DTA was paying \$100 per night to house 600 families in motels. As part of an overall strategy to address family homelessness in Boston, DTA added thirteen intensive case managers and increased the family shelter capacity by 148 shelter beds. The State also began a *Shelter to Housing* pilot program to move families from shelters into permanent housing. By providing critical assistance – time limited funding to subsidize rents – this effort has succeeded in decreasing the number of families living in hotels and motels. Of the 600 families once sheltered in motels, 208 received shelter to housing placements. By December 2004 only 16 children were in hotels compared to 222 the year before. However, incidence of family homelessness is still significant (See Figure 2).

Figure 2. Shifting Priorities and Populations 1984-2004



Note: No comparable *Street Count* conducted in 1984. Transitional category includes individuals and families.

Families now make up almost half the entire emergency shelter system and one quarter of the transitional shelter population. The number of shelter applications DTA processes monthly increased by 12 percent from the second to the third quarter of 2004 – to over 6,000 a year.¹² The most recent information available suggests that more than half (54%) of the families applying to DTA are denied shelter because they are categorically ineligible or fail to submit the required verifications. Families that leave the state-sponsored shelter system are unable to reapply for a period of a year.

Profile of Families Accessing Family Homeless Services

The City of Boston's Emergency Shelter Commission receives hundreds of calls annually from families that are unable to access shelter, particularly working poor families and families evicted from subsidized housing. With eligibility criteria for admission restricted to 100% of the federal poverty level, the emergency family shelter system administered by DTA is not accessible to all families with housing needs. As a result families are constantly moving from place to place, shelter to program, and home to home. More and more families are doubled up, sharing an apartment, or living in temporary accommodations with friends. Boston households struggling with high rent burdens are often forced to stay wherever they can. According to the Center for Social Policy at UMass Boston, 43% of families that entered shelter identified homes of relatives or friends as their prior living situation; 37% came from a rented home.¹³

Families denied shelter or exiting shelter without obtaining housing are not tracked by DTA, making it difficult to estimate the number of doubled up families. However, data from the many places that these families seek assistance, including the Emergency Shelter Commission, United Way, churches and service agencies such as ABCD, indicates that many families are unable to find a shelter placement. In the past year 216 families unable to access DTA funded shelter, including 406 children, were referred by the Mayor's 24-hour Help line to the Family Emergency Shelter program of Traveler's Aid Family Services of Boston. Of 1010 homeless children served by the Boston Public School's Homeless Student Initiative last year, 27% were living in doubled up situations.¹⁴ Homeless families suffer a great deal of disruption and dislocation in their access to employment, education and medical care when they are without permanent housing. When the housing instability of many households at-risk of homelessness is considered, the family homeless population soars.

Families access the shelter system for a variety of reasons. According to DTA the most common reasons for applying for emergency assistance were homelessness, evictions, health and safety concerns, and loss of income¹⁵ – though the most critical need is housing that is affordable to people earning at or below minimum wage. Families that are over-income for shelter are well below-income to afford market-rate rents.

¹² Quarterly Report on the Emergency Assistance (EA) Program for Homeless Families (Quarter Ending March 31, 2004; September 2004). Prepared for the Massachusetts House Committee on Ways and Means pursuant to line item 4403-2120 of the FY2004 General Appropriations Act.

¹³ Meschede, T., Raymond, J. & Sokol, B. (2004) *Hard Numbers, Hard Times in the Hub; Five Years of Data from Massachusetts' Homeless Management Information System* Boston Edition. Boston, MA: McCormack Graduate School, University of Massachusetts Boston.

¹⁴ The First Stop Health Center Collaborative *Homeless Prevention Initiative* of the Massachusetts Coalition for the Homeless at the Codman Square Community Health Center reports that 34% of households were "doubled-up."

¹⁵ Quarterly Report on the Emergency Assistance (EA) Program for Homeless Families (Quarter Ending March 31, 2004; September 2004). Prepared for the Massachusetts House Committee on Ways and Means pursuant to line item 4403-2120 of the FY2004 General Appropriations Act.

The difference between what families can earn and the cost of housing is the critical gap to overcome in the fight against homelessness. According to the Women's Educational and Industrial Union's Family Economic Self-Sufficiency Project, a single parent now needs \$51,284 to raise two children, up almost a third from \$39,156 five years ago. A single parent with one child needs \$44,046, up 36 percent¹⁶. Homeless women are often in the process of overcoming additional hardships including a history of domestic violence, mental illness, and substance abuse. In a high cost housing market, Mayor Menino called for a change in eligibility criteria for access to shelter to be returned to 130% of the poverty line, otherwise even low paying jobs sometimes put a single parent over-income for shelter. Difficulty accessing childcare slots, educational disruption and lack of paternal financial support compound the problem.

Housing and Income Supports

The Governor's proposed changes to the state's welfare legislation would require greater numbers of residents to work in order to receive benefits, including those with children older than a year and persons with disabilities.¹⁷ This proposal could undermine the state's own intention to prevent homelessness. According to the Mass Law Reform Institute this proposal insufficiently funds the work programs – covering only 2,000 of the 14,000 recipients impacted by the change.¹⁸ Considerable resources and much attention, including a year-long study of Homelessness Prevention by the Governor's Executive Commission for Homeless Services Coordination, a federal call to end chronic homelessness in 10 years, and philanthropic efforts to develop new programs should be leveraged to provide the necessary resources to support families.

If more people in the Commonwealth are going to be transitioning from welfare to work during this jobless recovery, we need greater commitment to work that pays; employment training and vocational rehab programs and supportive services such as childcare and healthcare. The Boston Medical Center *Children's Sentinel Nutrition Assessment Program* reports that 25% of the homeless families they serve had their welfare benefits eliminated within the past year (compared to 11% of non-homeless families) due to failure to comply with behavioral or procedural requirements, such as not being able to provide a mailing address to the welfare office.

In addition, more than half of the adult clients seen at prevention clinics in the city suffer from a severe disability, which is consistent with the state's assessment of applicants for emergency assistance. There is a real danger of working at cross purposes with prevention initiatives, creating a flood of homeless people who without minimal income or housing subsidies, will not be able to afford their own shelter, and will become dependent on homeless services and hospitals.¹⁹

¹⁶ Pearce, Diana, Brooks, J. (April, 2003) *The Self-Sufficiency Standard for Massachusetts*. Boston, MA: Women's Educational and Industrial Union.

¹⁷ House 1 FY2005 Budget Recommendations: Emergency Transitional Assistance (Line Item 4408-1000/outside sections 81, 118, and 165) and Transitional Aid to Families with Needy Children (Line Item 4403-2000/ outside section 82).

¹⁸ House 1 for FY 2005 Preliminary Analysis of Selected Welfare, Child Care, Housing, Elder and Health Issues. January 26, 2005. Prepared by Massachusetts Law Reform Institute.

¹⁹ An analysis of local prevention initiatives shows the average payment to a family for prevention purposes (arrearages, rent, relocation costs) is \$600. Monthly benefits for emergency assistance are \$300.

Massachusetts' waiver of federal welfare rules, which allowed local agencies to meet the diverse needs of working residents, expires in October of 2005. Unfortunately, the effort to bring the state into compliance with the federal law through program standardization and through full engagement – treating everyone in the country alike – cannot succeed in Massachusetts simply because the cost of housing is not comparable to the rest of the country. Incentives, not sanctions, are needed for families unable to access and maintain affordable housing.

The City of Boston has many innovative and successful programs that help support housing development but it cannot address the need without state and federal commitment to provide solutions for homeless residents. For families shut out of system the City takes several approaches, relying on Traveler's Aid to provide temporary assistance, focusing on tenancy prevention through housing stabilization and mediation, and affordable housing preservation and production. The Department of Neighborhood Development's homeless set-aside policy requires developers of projects of 10 units or more that receive City assistance to set-aside 10 percent of the units for the homeless. To date, the City of Boston has invested a total of \$7.8 million in Community Development Block Grant Funds (CDBG) in 19 large projects that have created a total of 1175 units of affordable housing, including 133 units of permanent housing set-aside for the homeless.

In addition, the City largely funds the Boston Rental Assistance Fund (BRAAF) through CDBG. Over 132 formerly homeless people in Boston were assisted last year with rental stipends, money management, and related support services during their critical first year in housing. Homeless families receive priority on the Boston Housing Authority's (BHA) waiting list. However, the BHA is unable to issue new vouchers due to a freeze in the Section 8 program, while hundreds of additional project-based units may not be completed due to a lack of funding. Combined with state welfare reforms – which are anticipated to reduce the number of people receiving benefits – these cuts to housing programs could render more vulnerable citizens homeless, without expanding the capacity to serve them.

Domestic Violence Programs

	Winter 2004-2005		Winter 2003-2004	
	Female	Children	Female	Children
Asian Shelter Advocacy Project	10	5	6	7
Casa Myrna Vazquez	29	39	29	41
Dove, Inc.	9	7	7	7
Elizabeth Stone House	26	33	23	34
FINEX	10	7	10	10
Harbor Me (Harbor Cove) - Chelsea	0	0	1	0
Renewal House	5	7	5	7
Transition House	11	8	11	11
SUB-TOTALS:	100	106	92	117
TOTALS	206		209	

On the night of this year's census, there were **206 women and children in Boston area Domestic Violence programs, down from 209** the previous year. It is important to note that many women sheltered in domestic violence shelters in the Boston area may not originally come from the City of Boston. Given the necessity of a confidential location, women are placed as far from their home location as possible. A state wide perspective more accurately reveals the scope of the problem. In the fiscal year 2003 (July 1, 2002 to June 30, 2003), over 3,900 women and children in this state sought safety at a domestic violence shelter or safe home up from 3,245 in 2001. More than 40,000 restraining orders were issued, and every domestic violence hotline in the state answered an increased number of emergency calls. For every women admitted into a shelter or transitional program, another two are turned away. Of the nearly 6,000 requests made for domestic violence shelter, 2,110 women were unable to access shelter in Boston due to lack of space.²⁰

Domestic violence shelters and family shelters operate as separate systems: battered women's shelters are mostly funded by the Department of Social Services while the Department of Transitional Assistance provides most of the funding for family shelters. Women can stay for up to 90-days at a battered women's shelter, after which counselors often try to place them in transitional programs for between 18 and 24 months. Without sufficient transitional or permanent housing these women and children often have to move between domestic violence shelters multiple times to avoid the time limits, or end up in emergency shelter for homeless families that lack specialized services for victims of abuse. Even women entering domestic violence programs from their own homes, or from homes of friends or family, render themselves homeless because they must often leave everything behind seeking safety.

The *Women's Violence Prevention Alliance* is an innovative collaboration of the friends of the Shattuck Shelter and the City of Boston's Homeless Services. The group includes city providers of services for homeless women including shelters, street outreach workers, law

²⁰ [Http://www.Massachusetts Domestic Violence and Sexual Assault Service Delivery Trends and Analysis](http://www.MassachusettsDomesticViolenceandSexualAssaultServiceDeliveryTrendsandAnalysis). Jane Doe Inc., 2003.

enforcement, substance abuse programs and hospitals. Women living on the street are more likely to go into substance abuse programs before entering domestic violence shelters, which have sobriety requirements for admission. The Alliance meets every other month and focuses on closing the service gap for women who are living on the streets – many of whom suffer or have been victims of domestic violence – by increasing coordination and communication around this issue. The Alliance has developed concrete projects such as a cell phone distribution program and a safety-planning manual, in conjunction with the facilitation and policy work that they do. For this effort the City of Boston funds a participating outreach worker through the Friends of Boston's Shattuck Shelter.

Adolescent Programs

	Winter 2004-2005			Winter 2003-2004		
	Male	Female	Children	Male	Female	Children
Bridge Transitional Living Program	6	9	0	8	9	0
Bridge-Coop Apts	3	2	0	2	1	0
Bridge-Women's & Children's Residence	0	8	8	0	14	15
Bridge "Host Homes"	Not	in	Use	2	1	0
Crittenton TRAC	0	4	5			
SUB-TOTALS:	9	23	13	12	25	15
TOTALS	45			52		

This year there were two fewer young women and children each staying in adolescent shelters. Moreover, while the overall number of adolescents living on the streets or in shelters relative to the total homeless population remains proportionately small, **this is still three times the number of adolescents in 2002.** Adolescent shelters and outreach providers report that more youth are staying with friends or couch hopping, rather than entering the adult emergency homeless system. However, the adolescent shelter count above underestimates the number of homeless youth in adult shelter – approximately 14 percent.

The Massachusetts Housing and Shelter Alliance (MHSA) conducts an annual survey of the homeless youth population, which includes people staying in shelter, sleeping on the streets, or couch surfing – as is common among younger adults. Bridge Over Troubled Waters, the primary shelter and service providers for homeless persons under the age of 25, works with adolescents in a multi-service capacity. Bridge offers educational, vocational, and job training programs along with substance abuse counseling and housing placement.

According to the National Coalition for the Homeless family problems, residential instability, and economic problems are the primary causes of child homelessness. More than half of the adolescents surveyed reported a history of physical and sexual abuse, before they left home. A history of foster care has been shown to increase the likelihood of homelessness at an earlier age. Homeless adolescents are more likely than other youth to have high rates of HIV, and to suffer from physical and mental ailments, and malnutrition.

MHSA's survey of 317 homeless young adults (ages 18-24) on February 22, 2005 suggested that youth aging out of foster care and youth facilities were not being diverted to appropriate settings. Last year Of those homeless youth interviewed, 53% reported a previous residential placement: 16% had lived in a Department of Social Services (DSS) group home, 17% had been in foster care, and 12% in a psychiatric facility, with some youth represented in several of these categories. Almost half had received mental health (49%) or substance abuse (45%) services.

Coordination among the many state departments that are responsible for the care of these young people is critical to any reduction in the number of homeless adolescents. There is an opportunity to engage more than half of all homeless youth, before they are discharged to the streets. DSS is in the process of reviewing and seeking to improve its discharge planning, and Boston's Continuum of Care will be monitoring this effort.

Hospitals & Other Health Care

HOSPITAL EMERGENCY ROOMS

Winter 2004-2005

Winter 2003-2004

	Male	Female	Male	Female
Beth Israel-Deaconess	3	0	2	0
Boston Medical Center	0	0	2	0
Brigham & Women's	2	0	1	1
Carney Hospital	1	1	0	0
Massachusetts General	5	0	7	1
New England Medical Center	2	0	1	0
St. Elizabeth's	0	0	1	1
SUB-TOTALS:	13	1	14	3
TOTALS	14		17	

HOSPITAL INPATIENT

Winter 2004-2005

Winter 2003-2004

	Male	Female	Male	Female
Beth Israel-Deaconess	1	1	1	0
Boston Medical Center	18	4	20	9
Brigham & Women's	3	0	1	1
Carney Hospital	2	0	0	0
Children's Hospital	0	0	1C	0
Faulkner Hospital	4	0	3	0
VA	152	7	142	9
Massachusetts General	1	1	11	2
New England Medical Center	5	4=2A/2C	0	3=2A/1C
Shattuck Hospital	57	25	56	32
St. Elizabeth's	1	0	0	0
SUB-TOTALS:	244	42	235	56
TOTALS	286		291	

MEDICAL RESPITE FACILITIES

Winter 2004-2005

Winter 2003-2004

	Male	Female	Male	Female
Barbara M. McInnis House*	72	12	67	20
SUB-TOTALS:	72	12	67	20
Health Care TOTALS	372		395	

* The Barbara M. McInnis House medical respite facility was formerly listed under the adult emergency shelter category.

HOSPITALS & OTHER HEALTH CARE

On the night of the census **the number of people in hospital care decreased only slightly from 17 to 14 in emergency rooms and from 291 to 286 in inpatient care.** Last year this report called attention to the impacts of an on-going reduction in the level of services that can be provided for the indigent and homeless due to immense cuts in funding for Department of Public Health programs. From FY2001 through FY2004, there were \$158 million in cuts – close to a third of the total budget. The City of Boston lost approximately \$10 million during the same period. Along with the reduction in funding for adult emergency shelter this has meant the closing of clinics and services that provide critical medical care for homeless people. Under-equipped community health centers, emergency rooms, and the Boston Health Care for the Homeless Project (BHCHP) work overtime to fill in the gaps left by this retrenchment.

MassHealth Essential enrollments were closed on December 15, 2004 because the maximum enrollment of 36,000 had been reached leaving thousands of otherwise eligible people without essential health care. In Boston close to 15% of the population is without insurance and must use emergency medical services. Growing numbers of uninsured people are signing up for the HIV Drug Assistance Program so they can afford medication. Seniors must cut back on food to afford medicine. Yet there are inadequate plans to make substantial new investments in public health, despite the fact that, even with last year's modest restoration to DPH funding, Massachusetts has lost \$124 million (23 percent) of its public health spending over the past four years. Services provided by the Boston Medical Center and other institutions that provide care to large numbers of patients on Medicaid or without insurance are particularly at risk.

Inadequate housing and housing instability is a cause of public health problems that can extend beyond shelter to the community. The impacts of reductions in resources can be felt in the prevalence of communicable diseases and substance abuse problems that could be prevented, as well as the homelessness, and hunger that are connected to limited access to healthcare. Homeless programs efforts to effectively utilize mainstream programs are dependent on funding for Medicaid, Food Stamps, SSI, and Section 8. Mental health and substance abuse block grants for outreach, assessment, crisis intervention; and services that connect homeless people to housing, health care, transitional recovery homes, treatment clinics, and related services for individuals and families are also in jeopardy. Cuts to mainstream programs can only be partially compensated for by organizations that serve the homeless, such as the Boston Healthcare for the Homeless, which currently serves over 8,000 homeless people annually.

The City of Boston is addressing the health care needs of some its most vulnerable residents through an initiative to prioritize the growing numbers of elderly persons living on the streets. In addition, chronic homeless high utilizes of emergency room and hospital-based health care services are frequently discharged to the streets after costly treatment, only to end up back in the emergency room. Through its Public Health and Emergency Shelter and Elderly Affairs Commissions, the City will work with state and local health, housing and long-term care providers to shift the locus of care for these individuals from the streets and emergency rooms to housing and residential care through improved discharge planning protocols, intensive case management, supportive housing and services. In 2005 the City has applied for a HUD grant to create 34 units of permanent supportive housing for the chronically homeless.

Detox and Substance Abuse Treatment

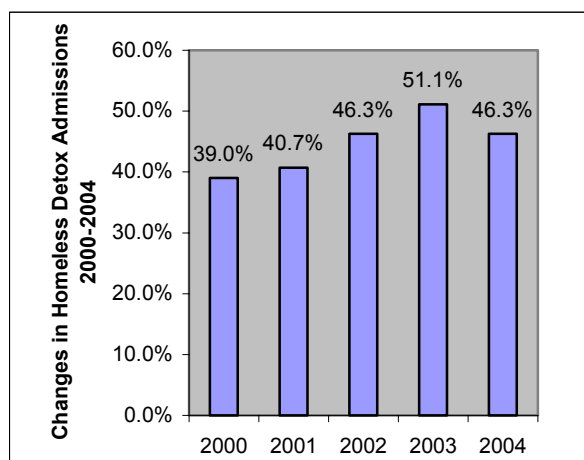
	Winter 2004-2005		Winter 2003-2004	
	Male	Female	Male	Female
Andrew House	15	1	12	2
Bay Cove New Hope TSS	24	6	19	5
Boston Detox Transitional Program		Closed	10	2
Bridge to Recovery	13	3	7	0
Dimock Detox	4	3	3	1
CAB Boston Treatment Center	24	2	17	2
Tewksbury/CAB Post Detox	82	0	62	0
Transitions Post Detox	24	6	19	6
Women's Hope Post Detox	0	18	0	9
SUB-TOTALS:	186	39	149	27
TOTALS	225		176	

RESIDENTIAL SUBSTANCE ABUSE TREATMENT

	WINTER 2004-2005		WINTER 2003-2004	
	Male	Female	Male	Female
Recovery Homes /Residential	130	4	222	38
SUB-TOTALS:	130	4	222	38
Substance Abuse TOTALS:	359		436	

The number of homeless individuals in substance abuse programs increased from **176** last year to **225** this year – **an increase of 28%**. However there was a **48.5% decrease in placements in recovery homes** from 260 to 134 this year. Substance abuse services were cut by 24% (\$10.8 million) from FY01 to FY04. While this system has regained some capacity over the previous two years, the current number of beds is still well below the 292 beds in the system two years ago.

With a high percentage of homeless persons in substance abuse facilities, cuts to these programs are especially critical for this population. Moreover, homeless people are more likely to lack health insurance and to be slower at getting reinsured if they lose coverage. From July-



December 2004, the City's programs had to turn away 200 people seeking treatment. Two out of three of these people were uninsured and therefore must be served by those beds which are DPH-funded, and which were impacted by the state's budget cuts.

While many homeless shelters including transitional housing, domestic violence programs, recovery homes, and emergency shelters, require sobriety in order to secure a bed, acute treatment programs for homeless people seeking detox often lack space. The City of Boston's Public Health Commission lost 30

substance abuse treatment-related beds and closed a program for people in recovery. This perpetuates the cycle of homelessness instead of ending it. Initiatives to end chronic homelessness cannot be realistically implemented without significant commitments towards substance abuse services.

Treatment and housing challenges abound in a population that includes substantial numbers of dually-diagnosed persons, increasing numbers of people leaving the criminal justice system for shelter, and the chronic street homeless. Alcohol has always been the primary substance of use, but in recent years there has been a major increase in reported heroine use (44% of total admissions). This year the Bureau of Substance Abuse Services has reported an increase in the prevalence of oxycontin and crystal meth, gateway drugs that often lead to heroin use among youth. Mayor Menino has called for increased services for adolescents, including access to prevention, early-intervention treatment and education to break the cycle of addiction.

The Department of Public Health's Bureau of Substance abuse receives federal funding for the homeless, half of which is used for projects statewide, and half of which is an incentive for service providers, helping to mitigate the lack of beds available for the indigent – in essence the federal dollars replace a small percentage of the state dollars. The City is calling for more transitional and supportive housing for the homeless, which would include the case management necessary for recovery and independent living. Last year Victory House, a short-term substance abuse program, hired an on-site housing counselor to provide Housing First services. Even when clients transition or leave the program they can still access the housing and case management services and stay connected to housing applications and treatment plans.

The City supports the State's recent initiative to increase substance abuse capacity by convening local health and human service agencies. The final recommendations which will include substance abuse training for state Departments – DSS, DYS, and DOC – are a good step in the right direction. Yet, the state must also restore funding for vital services. There is a demonstrated need for short-term beds and for recovery homes. As secure facilities, with trained medical providers, existing programs are unable to accommodate the present needs, or to expand to serve the increased need that would result from decreases in public health funding.

Mental Health Facilities

	Winter 2004-2005		Winter 2003-2004	
	Male	Female	Male	Female
Albany Lodge –merged with West End	see	below	14	5
Bay View Inn	17	0	23	0
Fenwood Inn	25	9	27	4
Lindemann Inpatient	16	6	22	4
Metro Boston Inpatient Unit ²¹	80	24	81	23
Parker Street West	20	0	0	20
Solomon Carter Fuller Inpatient	21	6	29	5
St. Alphonsus Respite	3	0	4	0
West End Shelter	31	21	21	10
SUB-TOTALS:	213	66	221	71
TOTALS	279		292	

This year, there were **213** men and **66** women, a total of **279** homeless individuals in the Department of Mental Health (DMH) homeless programs, a **4.5% decrease from last year**. The City and State have long recognized that mental illness is a significant factor for a large percentage of the homeless population. The Massachusetts Department of Mental Health relies on a 1992 Human Services Research Institute study of recognized prevalence estimates to calculate that about 2,000 homeless people have severe and persistent mental illness at any point. Of these, about 1,200 are in the Metro Boston Area, which encompasses Greater Boston and Metro West. Of the adult homeless population staying in Boston's emergency shelters 41% say that they need medical attention, 28% report a mental health problem, and 26% have cognitive, developmental, or learning disabilities.²² However, many people are reluctant to identify themselves as mentally ill, and the estimates of those with mental health problems are usually in the range of 30-45%. This suggests that the need for case management and residential placements for the homeless mentally ill population are not being met.

According to the VA's Health Care for Homeless Veterans 14th Annual Report of Boston's veteran population that are homeless or near homeless, 69.6% are diagnosed with a substance abuse dependency, 61.2% with a serious psychiatric disorder, and 48% are dually diagnosed with serious mental illness and substance abuse. Mental health workers have become aware of an increase in people released from corrections who require mental health treatment. There are also many mentally ill persons who reside on the streets of Boston and who can be isolative and difficult to engage.

²¹ Formerly Bay Cove Mental Health.

²² Prepared by CSP Tech staff, McCormack Institute, "Characteristics of Homeless Families Accessing Massachusetts Emergency Shelters 1999-2001," April 2003.

The City of Boston has been proactive in its work with the mentally ill homeless street population by bringing together practitioners from across the city to develop strategies and programs to support this population. Housing Outreach teams consisting of social workers, counselors, advocates, mental health specialists, nurses, and doctors from multiple agencies coordinate efforts to bring people to safe and secure environments where they can receive assessment and treatment. For this group of people disorders such as mental illness and substance abuse are compounded by housing instability and lack of a steady income.

Projects for Assistance in Transition from Homelessness (PATH) makes formula grants to states to provide outreach, mental health and other supportive services to homeless individuals with serious mental illness. This year Massachusetts received \$1.4 million in funding for these programs. Working at shelters, hospitals, and on the streets, providers attempt to refer their clients to *Safe Havens*, such as the Boston Medical Center's SAMHSA funded ACCESS project, which provides transitional housing with stabilization services to chronically homeless persons with mental illness. With only two in Boston, there is a need for additional safe havens and to free up space in existing programs so that others may begin to lead more self-sufficient lives.

The Department of Mental Health's *Special Initiative to House the Mentally Ill* combines permanent subsidized small-group or individual housing with support services and case-management. Since 1991 this approach has developed or gained access to 1,154 new housing units, placed 2,359 homeless clients with mental illness into new or existing units with services, and provided 8,106 homeless individuals with community-based services, including health care, counseling, and case management. The City supports this model of supportive housing and recognizes that increased investment is needed to assist this population.

HomeStart, a housing agency in Boston, is the recipient of a federal grant to expand the current supply of permanent supportive housing for some of the hardest-to-serve chronically homeless single men and women. This program will provide funds to house 35 homeless individuals in one-bedroom apartments throughout the city. Critical supportive services will be provided through a local health partnership and will include housing search and stabilization, case management, health and mental health treatment, substance abuse programming, and educational/vocational training opportunities with an emphasis on linking program participants to mainstream resources and programs.

Transitional Programs

Winter 2004-2005

Winter 2003-2004

	Male	Female	Children	Male	Female	Children
Individuals						
BostonHomelessSvs						
Project S.O.A.R.	70	20	0	74	22	0
Safe Harbor	18	2	0	16	2	0
Valentine Street	0	4	0	0	7	0
Wise Street	8	0	0	8	0	0
EldersLiving@Home	28	18	0	30	20	0
Harbor Lights	22	8	0	29	30	0
CRJ/Coolidge House	53	5	0	60	10	0
NESHV Transitional	120	0	0	173	0	0
Pine Street Inn THP	58	0	0	58	0	0
St Francis Next Step	20	18	0	16	15	0
Seton Manor	14	4	0	9	2	0
Shattuck Transitional	64	3	0	72	0	0
Victory/Shepherd Hs	0	24	0	0	17	0
Victory/Transitional	6	0	0	6	0	0
Vctry/Women's Hope	0	28	0	0	9	0
Victory/Yetman Hs	0	8	0	0	5	0
YMCA Medeiros Prog	39	0	0	88	0	0
Subtotal:	520	142	0	639	124	0
Families						
Brookview House	0	8	14	0	8	24
Casa Esperanza	24	0	0	26	0	0
Latinas y Ninos	0	12	3	0	11	0
Crittenton-Transitional	4	12	26	5	23	54
Dennis McLaughlin Hs	0	8	8	0	10	11
Dimock Fort St.	0	9	7	0	11	7
Horizons House	0	9	13	0	8	11
Nazareth House	0	9	8	0	5	10
Portis Family House	0	5	6	0	5	8
Revision House	0	22	22	0	20	22
YWCA Aswalos Hs	0	9	7	0	9	9
Subtotal:	28	103	114	31	110	156
TOTALS		907			1074*	

* Please note that last year (2003-2004) several transitional programs formerly counted under the adult shelter category were correctly listed under as transitional programs. This accounts for the number of men more than doubling **305** to **670 that year**, and for the **44% increase** overall for this sector of the Continuum of Care.

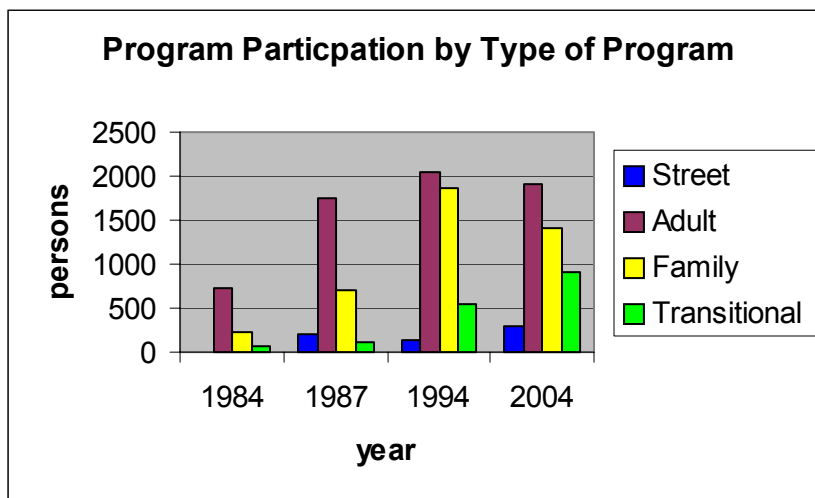
Transitional Programs

On the night of the census, there were **907 homeless men, women and children in transitional shelters and programs down from 1074 the previous year**. Two programs—the Cardinal Medeiros program and the New England Shelter for Homeless Veterans, accounted for the majority of the decrease in the adult transitional population. The City of Boston’s Continuum of Care has evolved from emergency shelter to include a wide range of transitional programs designed to assist families and individuals moving from homelessness to housing. Over the past decade more than twice as many people are participating in transitional programs (See Figure 4). A comparison in the growth and distribution of Boston’s homeless programs shows the city’s focus on creating opportunities for individuals to return to self-sufficiency and community.

Transitional programs assist clients with housing search, job training and vocational counseling, substance abuse recovery and relapse prevention, budgeting, parenting classes, and other services that are critical to breaking the cycle of homelessness. Despite several years of cuts to services, the City of Boston has made enormous strides ensuring access to treatment, health care and behavioral health care for homeless persons who need such services.

These programs succeed by offering intensive case management and services tailored for people who are moving from institutional settings back into the community. More than 73% of those entering a program with less than \$1,000 month increased their income to what would be a living wage in many parts of the United States. Unfortunately and despite their enormous progress, mid-wage workers still struggle with high rents in Massachusetts. While some working homeless persons leave shelter for permanent housing, a high number, according to recent data 40% of persons living in Boston’s shelters are working. Although Boston’s transitional programs report success rates of 75% of clients staying clean and sober for one year after entering the program and 80% increasing access to mainstream resources such as food stamps, high housing costs still threaten this stability and success. Clearly, transitional programs offer critical services that can assist homeless people in their transition to permanent housing because of job training, educational programs, and other supportive services create economic opportunity that is critical to obtaining housing.

Changes in Boston’s Homeless Continuum of Care 1984 – 2004



For many people, these programs provide critical next step placements after emergency shelter, where supportive services are matched to income and housing needs. Two-thirds of the men and women entering transitional programs come from emergency shelters, while another 22 percent come from substance abuse programs. Overall, 548 out of 2139 individual adult men (34%) were in transitional programs rather than basic emergency shelter. An even higher percentage, 245 out of 567 women (43%) were in transitional shelters. Information on the City's transitional housing programs collected as part of the McKinney funded supportive housing programs shows a dramatic increase in the number of people moving into permanent housing from transitional housing between 2002 and 2003. In 2003, 65% of the population achieved this goal in comparison to 51% the previous year.

There are however, two major impediments to the success of transitional programs. The first is the limited amount of permanent affordable housing for graduates to transition to. The second is the emphasis on transferring scarce resources from one program to pay for another. If funding for transitional housing is limited the necessary supports that enable people to live independently collapse, and without permanent housing we waste the resources expended in transitional programs. To end long-term homelessness both supportive services *and* housing are required.

The city all receives McKinney funds and targeted housing funds to develop transitional housing and long-term supportive housing for homeless persons with special needs. In 2004 the city of Boston was supporting and managing almost 700 units created for homeless individuals. Much of the City's funding from the Shelter Plus Care program is spent on housing – 68% is currently used for the development of permanent and transitional housing.

As a reflection of Mayor Menino's commitment to the needs of Boston's increasingly diverse community, the City welcomes a new transitional program for families, Entre Familia. Serving the neighborhoods of Roxbury and Mattapan, Entre Familia is Boston's only substance abuse recovery program in which children can live with their mothers, and has cultural competency in serving a predominantly Hispanic and Latino clientele. This unique and successful Boston Public Health Commission program reflects Mayor Menino's commitment to addressing racial and economic disparities in health care and treatment access. The residential treatment facility offers critical transitional support services during and after recovery in order to help women get back on their feet. The *Mom's Project* is a complementary day program supported by the City of Boston. These initiatives are designed to help keep families together, prevent children from greater instability and isolation, and limit the use of expensive social services otherwise covered by multiple state agencies.

Homeless Totals

	Winter 2004-2005			Winter 2003-2004		
	Male	Female	Children	Male	Female	Children
Street Count	242	57	0	199	31	0
Adult Shelters	1591	322	0	1579	335	0
Family Shelters	18	273	417	19	272	424
Family Other	46	129	529	60	284	580
Domestic Violence	0	100	106	0	92	117
Adolescent	9	23	13	12	25	15
Hospital ER	13	1	0	14	3	0
Hospital Inpatient	244	42	2	235	56	0
Medical Respite	72	12	0	67	20	0
Detox	186	39	0	149	27	0
Recovery Homes	130	4	0	222	38	0
Mental Health	213	66	0	221	71	0
Transitional Shelters	548	245	114	670	249	155
TOTALS	3321	1317	1181	3447	1503	1291
GRAND TOTALS	5819			6241		

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